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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 60.00)

| Complete if Known | |
|----------------------|------------------------|
| Application Number | 10/585,464-Conf. #5882 |
| Filing Date | May 3, 2007 |
| First Named Inventor | Marsha A. Moses |
| Examiner Name | Not Yet Assigned |
| Art Unit | N/A |
| Attorney Docket No. | C1285.70006US01 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Small Entity Fee (\$) | Fees Paid (\$) |
|------------------|-------------|--------------------------|-------------|--------------------------|------------------|----------|--------------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Fee (\$) | | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | | |

2. EXCESS CLAIM FEES

Fee Description _____ Small Entity
Fee (\$) _____ Fees Paid (\$) _____
 Each claim over 20 (including Reissues) 50 25

Each independent claim over 3 (including Reissues) 210 105

Multiple dependent claims 370 185

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|---------------------------|----------|---------------|
| - | - | - | - | - | - | - |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|---------------------------|----------|---------------|
| - | - | - | - | - | - | - |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - | - | - | - | - |
| 100 | /50 = | (round up to a whole number) x | = | |

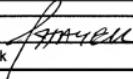
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2251 Extension for response within first month

60.00

SUBMITTED BY

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|--------------|
| Signature |  | Registration No. (Attorney/Agent) | 55,151 | Telephone | 617.646.8000 |
| Name (Print/Type) | Roque El-Hayek | | | Date | July 2, 2008 |

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(e)(4).

Dated: July 2, 2008

Signature:  (Irene Commerstadt)